

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Academy of Dermatology Association Political Action Committee

ADDRESS (number and street)

1350 I St NW

Ste 870

Check if different
than previously
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00359539

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report(Q1)July 15
Quarterly Report(Q2)October 15
Quarterly Report(Q3)January 31
Quarterly Report(YE)July 31 Mid-Year
Report(Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☒ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)(c) 12-Day
PRE-Election
Report for the:☐ Primary (12P)☐ General (12G)☐ Runoff (12R)☐ Convention (12C)☐ Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

in the
State of

5. Covering Period

03

01

2008

through

03

31

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Steven Debnar

Signature of Treasurer

Electronically Filed by Steven Debnar

Date

04

15

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	3	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		285970.34
(b) Cash on Hand at Beginning of Reporting Period	267214.36	
(c) Total Receipts (from Line 19)	33220.00	115277.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	300434.36	401247.34
7. Total Disbursements (from Line 31)	7699.62	108512.60
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	292734.74	292734.74
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	3	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	27945.00	100837.00
(i) Itemized (use Schedule A)	5275.00	14440.00
(ii) Unitemized	33220.00	115277.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ➤	33220.00	115277.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	33220.00	115277.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	33220.00	115277.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1199.62	2512.60
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	1199.62	2512.60
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6500.00	106000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	7699.62	108512.60
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7699.62	108512.60

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	33220.00	115277.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	33220.00	115277.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1199.62	2512.60
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1199.62	2512.60

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dale M. Abadir

Mailing Address # LL3

90 S Ridge St

City

Rye Brook

State

NY

Zip Code

10573-2867

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 0 8

Transaction ID: 350cef6771d4057ae72

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Carter G. Abel

Mailing Address 36 Washington Valley Rd

City

Morristown

State

NJ

Zip Code

07960-3413

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 5 / 2 0 0 8

Transaction ID: 0ed39ccaa39bc89d8da

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Vincent P. Beltrani

Mailing Address 29 Fox St

City

Poughkeepsie

State

NY

Zip Code

12601-4714

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 7 / 2 0 0 8

Transaction ID: c90ef7706d44f597883

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Leyda E. Bowes-Manstein

Mailing Address Apt A1908

1865 Brickell Ave

City

Miami

State

FL

Zip Code

33129-1605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 0 / 2 0 0 8

Transaction ID: 21770c21d367c825ed5

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey P. Callen

Mailing Address 5107 Long Knife Run

City

Louisville

State

KY

Zip Code

40207-1179

FEC ID number of contributing
federal political committee.

C

Name of Employer
U of Louisville School of
Med/Dermatol

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 8 / 2 0 0 8

Transaction ID: 7f96f1a8a1dde42e1fd

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Rebecca J. Caserio

Mailing Address 4142 Bigelow Blvd

City

Pittsburgh

State

PA

Zip Code

15213-1408

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 2 / 2 0 0 8

Transaction ID: a73fa30138ddf06d55f

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Marc D. Chalet

Mailing Address Apt 1104

10551 Wilshire Blvd

City

Los Angeles

State

CA

Zip Code

90024-7309

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatopathologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 7 / 2 0 0 8

Transaction ID: 72abd7e14a4f2b1c946

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Scott E. Crater

Mailing Address 32 Formosa Dr

City

Charleston

State

SC

Zip Code

29407-7405

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 8

Transaction ID: 0b411fba182fee486ad

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mark Dawkins

Mailing Address 22800 Cedar Ridge Rd

City

Edmond

State

OK

Zip Code

73003-9457

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 3 / 2 0 0 8

Transaction ID: 197017862ffefd2cf90

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Doris J. Day

Mailing Address Apt 14M

330 E 33rd St

City

New York

State

NY

Zip Code

10016-9439

FEC ID number of contributing
federal political committee.

C

Name of Employer
Day Cosmetic, Laser, and
Surgical Derm

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 7 / 2 0 0 8

Transaction ID: b48c1c76e6c82cfcdf6

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Hugh D. Dorris

Mailing Address Ste 200

1119 Hendersonville Rd

City

Asheville

State

NC

Zip Code

28803-1803

FEC ID number of contributing
federal political committee.

C

Name of Employer
Forest Dermatology PA

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 7 / 2 0 0 8

Transaction ID: 0d7213fc85eb0ce91d0

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Martin J. Dunn

Mailing Address 1640 Bay Harbor Ln

City

Sarasota

State

FL

Zip Code

34231-3041

FEC ID number of contributing
federal political committee.

C

Name of Employer
Skin Cancer Specialist,
Inc

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 7 / 2 0 0 8

Transaction ID: 7a5575ca10df8d0c723

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Susan T. Elliott

Mailing Address 6624 Jill Ct

City

Mc Lean

State

VA

Zip Code

22101-1613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 0 / 2 0 0 8

Transaction ID: 84a37d8660e8c080d13

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Erin S. Gardner

Mailing Address 315 Dickson St

City

Saint Louis

State

MO

Zip Code

63122-4631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 1 / 2 0 0 8

Transaction ID: 44fa76aa09c26770d6c

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Robert F. Godwin

Mailing Address 25317 Valley Dr

City

Bettendorf

State

IA

Zip Code

52722-7317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 3 / 2 0 0 8

Transaction ID: e471e9bde81b9ff4533

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jean Gordon

Mailing Address 843 Moana Ct

City

Palo Alto

State

CA

Zip Code

94306-3718

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 7 / 2 0 0 8

Transaction ID: fb00172e2328f64c94a

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Lee H. Grafton

Mailing Address 765 Highway 308

City

Thibodaux

State

LA

Zip Code

70301-7903

FEC ID number of contributing
federal political committee.

C

Name of Employer
Grafton Dermatology

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 8 / 2 0 0 8

Transaction ID: caf10f7392a7f4d82a3

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Lawrence J. Green

Mailing Address 1111 Churchview Pl

City

Potomac

State

MD

Zip Code

20854-2943

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 1 / 2 0 0 8

Transaction ID: 27aed6957e0cc4651ca

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Carolyn I. Hale

Mailing Address 23785 Butternut Rd NE

City

Aurora

State

OR

Zip Code

97002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 0 / 2 0 0 8

Transaction ID: c2606a47f930ec22c66

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Robert H. Hargrove

Mailing Address Ste 120
10 Sierra Gate Plz

City

Roseville

State

CA

Zip Code

95678-6647

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 7 / 2 0 0 8

Transaction ID: 79b183323c17fe67094

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Richard R. Henderson

Mailing Address 2556 N Nc Highway 119

City

Mebane

State

NC

Zip Code

27302-9371

FEC ID number of contributing
federal political committee.

C

Name of Employer
Burlington Dermatology Ce-
nter Inc.

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: 786355da0f5c1a0eebe

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 30

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Sharon L. Horton

Mailing Address 1721 Fox Trail Dr

City

Batavia

State

IL

Zip Code

60510-8635

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	0	8

Transaction ID: 34fbc79cc84d8eb7370

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Michael J. Huether

Mailing Address 5980 N La Cholla Blvd

City

Tucson

State

AZ

Zip Code

85741-3535

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	0	8

Transaction ID: cd5d72c8bf647e39c19

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Anthony M. Janiga

Mailing Address 2004 Palmer Dr

City

Naperville

State

IL

Zip Code

60564-5664

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	3		2	0	0	8

Transaction ID: a0c48674b41aa9c46c3

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

David L. Kaplan

Mailing Address 12424 Aberdeen Rd

City

Leawood

State

KS

Zip Code

66209-2431

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 1 / 2 0 0 8

Transaction ID: 63d24c124372e22a380

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Sherri K. Kaplan

Mailing Address Ste 208
1055 Saw Mill River Rd

City

Ardsley

State

NY

Zip Code

10502-1046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 1 / 2 0 0 8

Transaction ID: fff5fd0ef3373b12cea

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Arielle N. Kauvar

Mailing Address 61 Franklin Rd

City

Scarsdale

State

NY

Zip Code

10583-7527

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Laser & Skin Care

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 0 / 2 0 0 8

Transaction ID: 8aa7b161845b5423f98

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Amelia H. Kaymen

Mailing Address 3696 Clay St

City

San Francisco

State

CA

Zip Code

94118-1804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 7 / 2 0 0 8

Transaction ID: 326c16040cbf8ee4ecd

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Roy R. Kinder

Mailing Address 35 Brandon Rd

City

Upper Darby

State

PA

Zip Code

19082-2504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 0 / 2 0 0 8

Transaction ID: e478e2eb85448763f81

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Laura A. King

Mailing Address Ste 206
3772 Katella Ave

City

Los Alamitos

State

CA

Zip Code

90720-6428

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 7 / 2 0 0 8

Transaction ID: f3e0a1bfd87f5cc3e96

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Robert S. Kirsner

Mailing Address 5821 SW 132nd Ter

City

Pinecrest

State

FL

Zip Code

33156-7266

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Miami/Dept. of De-
rm & Cutaneous

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 0 / 2 0 0 8

Transaction ID: 3ce2e6e8ba5b11f1c8

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Roger S. Knutsen

Mailing Address 1518 Forest Dr

City

Rapid City

State

SD

Zip Code

57701-4448

FEC ID number of contributing
federal political committee.

C

Name of Employer
West River Dermatology

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: 11dd15f8b972b1a2074

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Hazle S. Konerding

Mailing Address 205 Cyril Ln

City

Richmond

State

VA

Zip Code

23229-7740

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 8 / 2 0 0 8

Transaction ID: 5230fd857d1f8a95a69

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Anne E. Laumann

Mailing Address Apt 2705

21 E Huron St

City

Chicago

State

IL

Zip Code

60611-3930

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dermatology Dept Northwes-
tern Univ.

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 5 / 2 0 0 8

Transaction ID: 038297db9d49c28609f

Amount of Each Receipt this Period

400.00

B.

Full Name (Last, First, Middle Initial)

David J. Leffell

Mailing Address 460 Saint Ronan St

City

New Haven

State

CT

Zip Code

06511-2251

FEC ID number of contributing
federal political committee.

C

Name of Employer
Yale Dermatologic Surgery

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 8 / 2 0 0 8

Transaction ID: f64e47a65898e3c748c

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Nancy A. Leitch

Mailing Address 3400 Lawndale Ln N

City

Plymouth

State

MN

Zip Code

55447-1694

FEC ID number of contributing
federal political committee.

C

Name of Employer
Skin Care Doctors

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 1 / 2 0 0 8

Transaction ID: 6daeb0909b340e2922c

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Vicki J. Levine

Mailing Address Apt 10H

7031 108th St

City

Forest Hills

State

NY

Zip Code

11375-4455

FEC ID number of contributing
federal political committee.

C

Name of Employer
NYU Medical Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 7 / 2 0 0 8

Transaction ID: bca9b2b70c18bd54179

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Oswald L. Mikell

Mailing Address 29 Dory Ct

City

Bluffton

State

SC

Zip Code

29909-4308

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dermatology Associates of
the Lowcountry

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 0 / 2 0 0 8

Transaction ID: 68caef8f202e7be1ae9

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Christopher A. Moeller

Mailing Address 1911 N Webb Rd

City

Wichita

State

KS

Zip Code

67206-3405

FEC ID number of contributing
federal political committee.

C

Name of Employer
Moeller Dermatology

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 7 / 2 0 0 8

Transaction ID: 48d7aa1093d068c102c

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 30

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ralph E. Myrow

Mailing Address 104 Kenwood Dr

City

Woodcliff Lake

State

NJ

Zip Code

07677-8313

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	8	/	2	0	0	8

Transaction ID: d49c7a9a83f71b320d4

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Farhad Niroomand

Mailing Address 1135 N Oak Cliff Blvd

City

Dallas

State

TX

Zip Code

75208-3131

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	5	/	2	0	0	8

Transaction ID: 8256cc95e274c409794

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Jennifer A. Palmer

Mailing Address 101 Pike Ct

City

Pella

State

IA

Zip Code

50219-7517

FEC ID number of contributing
federal political committee.**C**Name of Employer
Iowa Dermatology IncOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	7	/	2	0	0	8

Transaction ID: 043426dd911e2e79d58

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Brent R. Paulger

Mailing Address 2001 Dover Ave

City

Lubbock

State

TX

Zip Code

79407-2017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Paulger Dermatology

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 7 / 2 0 0 8

Transaction ID: f61c12191df310442ef

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Steven D. Pedro

Mailing Address 7833 Oakmont Blvd

City

Fort Worth

State

TX

Zip Code

76132-4204

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 0 / 2 0 0 8

Transaction ID: d8aad4f38ec5ae738df

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Laurie J. Polis

Mailing Address 62 Crosby St

City

New York

State

NY

Zip Code

10012-4410

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 7 / 2 0 0 8

Transaction ID: 08258171c547ceedbab

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Warren J. Redmond

Mailing Address Ste E206

201 S Lloyd St

City

Aberdeen

State

SD

Zip Code

57401-4509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 0 / 2 0 0 8

Transaction ID: f05f9d8fbb5224b6628

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Blas A. Reyes

Mailing Address 515 E Dilido Dr

City

Miami Beach

State

FL

Zip Code

33139-1235

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 7 / 2 0 0 8

Transaction ID: 8c168cf0c9a06d09da2

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Eduardo G. Rivera

Mailing Address 3652 Shoshonee Dr

City

Columbus

State

IN

Zip Code

47203-2522

FEC ID number of contributing
federal political committee.

C

Name of Employer
Skin Solutions

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 7 / 2 0 0 8

Transaction ID: db0eb40da79a3dca4bb

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Elisa M. Roberts

Mailing Address 33 Woodmere Ln

City
Arden

State
NC

Zip Code
28704-3205

FEC ID number of contributing
federal political committee.

C

Name of Employer
Skyland Dermatology

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 0 / 2 0 0 8

Transaction ID: a76af22850495b91126

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Cynthia J. Rogers

Mailing Address Apt 202
512 7th Sq

City

Vero Beach

State

FL

Zip Code
32962-1611

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 0 8

Transaction ID: 46e38dcb1a9051137bf

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Shawn R. Sabin

Mailing Address 5021 Tomahawk Rd

City

Prairie Village

State

KS

Zip Code
66208-2468

FEC ID number of contributing
federal political committee.

C

Name of Employer
Derm & Skin Cancer Special-
ists

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: 0b9a915730f53c031d4

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Caryn I. Schulz

Mailing Address 524 Lincoln Ave

City

Eau Claire

State

WI

Zip Code

54701-4019

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 7 / 2 0 0 8

Transaction ID: d7370d8c78fe5dd6d23

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Steven K. Shama

Mailing Address Ste 406
1 Brookline Pl

City

Brookline

State

MA

Zip Code

02445-7296

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: 90aae72dd5637b62928

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Cynthia R. Strohmeyer

Mailing Address Ste 200
702 Goodlette Rd N

City

Naples

State

FL

Zip Code

34102-5628

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 7 / 2 0 0 8

Transaction ID: 71a975bfdc50edd20db

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Gregory W. Thompson

Mailing Address 255 Limestone Creek Rd

City

San Antonio

State

TX

Zip Code

78232-3501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 0 / 2 0 0 8

Transaction ID: 3ae613066b90a953288

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Sidney E. Thompson

Mailing Address 1434 Valencia Ct

City

Fayetteville

State

NC

Zip Code

28303-3923

FEC ID number of contributing
federal political committee.

C

Name of Employer
Raven Hill Dermatology Me-
dical Clinic.

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 7 / 2 0 0 8

Transaction ID: fc5ef9a0dc710d25053

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Sharon F. Tiefenbrunn

Mailing Address Ste 319
6651 Chippewa St

City

Saint Louis

State

MO

Zip Code

63109-2532

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 5 / 2 0 0 8

Transaction ID: 5aed375c4b2c47ea0de

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 30

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Sherri S. Vazales

Mailing Address Ste 510

560 W Mitchell St

City

Petoskey

State

MI

Zip Code

49770-2277

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	5	/	2	0	0	8

Transaction ID: 911568870c705cb4a58

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Jennifer L. Vesper

Mailing Address 2171 Oceanview Dr

City

Tierra Verde

State

FL

Zip Code

33715-2513

FEC ID number of contributing
federal political committee.

C

Name of Employer
Riverside Medical CenterOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	2	/	2	0	0	8

Transaction ID: 4e103a1568b2d0d496c

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Virginia M. Weimar

Mailing Address 2700 11th Street Ct

City

Moline

State

IL

Zip Code

61265-4784

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	5	/	2	0	0	8

Transaction ID: b55b8bec0202e37f37c

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Bradley A. White

Mailing Address 108 Mason Cv

City

Searcy

State

AR

Zip Code

72143-9049

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 7 / 2 0 0 8

Transaction ID: 7a030707421bc845586

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Phillip M. Williford

Mailing Address 108 Cedarwood Creek Ct

City

Winston Salem

State

NC

Zip Code

27104-5027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wake Forest Univ Health
Sciences

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 1 / 2 0 0 8

Transaction ID: a4dd7eb7282d7eff2ac

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

27945.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 27 / 30

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852	Transaction ID: V99774-0665857195854 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 3 / 2 0 0 8</div> </div>
City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement AMEX Fees Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Amount of Each Disbursement this Period <div>14.72</div> <div>001</div> Category/ Type
B. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement AMEX Fees Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Transaction ID: V99774-7194177508354 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>404.71</div> <div>001</div> Category/ Type
C. Full Name (Last, First, Middle Initial) Merchant Services Mailing Address PO Box 6603 City Hagerstown State MD Zip Code 21741-6603 Purpose of Disbursement VS/MC Fees Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Transaction ID: V99774-6807672381401 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 3 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>750.19</div> <div>001</div> Category/ Type

SUBTOTAL of Disbursements This Page (optional)

1169.62

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 28 / 30

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Merchant Services

Mailing Address PO Box 6603

City
Hagerstown

State
MD

Zip Code
21741-6603

Purpose of Disbursement
VS/MC Fees

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: V99774-4601251482963

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2008

Amount of Each Disbursement this Period

30.00

SUBTOTAL of Disbursements This Page (optional)

30.00

TOTAL This Period (last page this line number only)

1199.62

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 29 / 30

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Andy Harris for Congress

Mailing Address PO Box 1527

City
Annapolis

State
MD

Zip Code
21404

Purpose of Disbursement
Contribution

Candidate Name
Sen. Andrew P. Harris

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: MD District: 01

Transaction ID: 68163-7068292498588

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

Tuesday Group Political Action Committee

Mailing Address PO Box 11586

City
Washington

State
DC

Zip Code
20008

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Transaction ID: 67957-8180658221244

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

6500.00

Image# 28931126926

Form/Schedule: **F3X**

Transaction ID:
